



SIGN-OFF SHEET ADDENDUM FOR OCCUPANCY/CHANGE of OWNERSHIP/DEMOLITION

Property Address _____ Single – 2 Family – 3 Family – Condo (circle one)

Business Name _____

Contact Person _____ Phone # _____

Type of Work _____

Contractor Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

Building Permit # FY ____ - ____ Map ____ Parcel ____ Date Building Permit Issued ____/____/____

Building Construction Type _____ Use Group _____ Maximum Occupant Capacity _____

Final approval for work completed under the jurisdictions listed below is hereby approved, subject to minor conditions, limitations or disclaimers as noted.

Police Dept. (508) 278-7755 _____ Date ____/____/____

Fire Dept. (508) 278-2787 _____ Date ____/____/____

DPW – Water (508) 278-8616 _____ Date ____/____/____

DPW – Highway Div. (508) 278-8616 _____ Date ____/____/____

Treasurer / Tax Collector (508) 278-8600 X 1 _____ Date ____/____/____

Assessors (508) 278-8600 X 2 _____ Date ____/____/____

Board of Health (508) 278-8600 X 8 _____ Date ____/____/____

Plumbing Inspector (508) 278-8600 X 5 _____ Date ____/____/____

Wiring Inspector (508) 278-8600 X 5 _____ Date ____/____/____

Planning (508) 278-8600 X 4 _____ Date ____/____/____

Historic District _____ Date ____/____/____

Conservation (508) 278-8600 X2020 _____ Date ____/____/____

After obtaining the above signatures, this application, along with any support documents, will be reviewed by the Inspector of Buildings prior to FINAL APPROVAL.

Please allow an additional 7 business days for preparation of final certificate.

Inspector of Buildings _____ Date ____/____/____

Douglas Scott, Inspector of Buildings

Town of Uxbridge, 21 South Main St, Rm 203, Uxbridge, MA 01569 Phone (508) 278-8600 Fax (508) 278-0709
Office Hours: Mon. Tues & Thurs. 7:30 a.m. – 5:00 p.m. Weds. 8:00 a.m. – 7:00 p.m., **FRIDAY CLOSED**